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## A. Covered Services

### Manual Manipulations of the Spine

Wisconsin Medicaid covers manual manipulations of the spine to treat a spinal subluxation as stated in HSS 107.15, Wis. Admin. Code. Wisconsin Medicaid reimbursement is allowed only when the recipient's diagnosis is subluxation. Wisconsin Medicaid does not cover manipulations for strains and sprains.

The initial visit and 20 manipulations per provider, per spell of illness do not require prior authorization. Prior authorization is needed for more than 20 manipulations per spell of illness.

Refer to Section III of this handbook for prior authorization information.

#### *Spell of Illness*

A spell of illness is:

- ♦ the acute onset of a new spinal subluxation; or
- ♦ the aggravation of a pre-existing subluxation by injury; or
- ♦ the acute onset of changes in a pre-existing spinal subluxation based on objective findings.

As required by HSS 106.02(9)(b) and 107.15(3)(d), Wis. Admin. Code the provider must document all new spells of illness in the patient plan of care. Medical records must contain:

- ♦ the provider's name and profession;
- ♦ the provider's department or office;
- ♦ the recipient's name and address;
- ♦ chief medical complaint or purpose of the service(s);
- ♦ clinical findings;
- ♦ the recipient's diagnosis;
- ♦ studies ordered such as laboratory or x-ray studies;
- ♦ therapies or other treatments administered;
- ♦ the date of the new spell of illness and the justifying conditions as defined in HSS 107.15(3)(2)(b), Wis. Admin Code;
- ♦ dispositions, recommendations, instructions, including any prescriptions and plans of care or treatment provided;
- ♦ the number of manipulations required to treat the subluxation; and
- ♦ the chiropractor's dated signature.

Billing for a new spell of illness when one has not occurred may result in recoupments and fraud charges.

Refer to Section IV of this handbook for information on billing a new spell of illness.

### Diagnostic Urinalysis

Diagnostic urinalysis is covered when billed in conjunction with an initial office visit (or to verify symptomatic conditions beyond the scope of chiropractic services). Use procedure code 99201 for this initial office visit. (HSS 107.15(4)(b), Wis. Admin. Code.)

### X-Rays

Wisconsin Medicaid covers an x-ray or set of x-rays to:

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- ♦ assist in diagnosing a spinal subluxation; or
- ♦ assess the existence of underlying conditions beyond the scope of chiropractic.

**A. Covered Services**  
(continued)

An x-ray(s) is *only covered* when performed on the same date as an initial office visit (procedure code 99201). (HSS 107.15(4)(a), Wis. Admin. Code.)

Sectional views of multiple areas are covered if the diagnosis warrants multiple sectional views.

Providers must use the most appropriate Current Procedural Terminology (CPT-4) procedure code which describes the x-ray service performed. Refer to Section IV-E of this handbook for x-ray billing information.

**Spinal Supports**

Wisconsin Medicaid covers spinal supports for subluxations of the spine. The spinal support must fit the recipient's body and be of sufficient strength to support the recipient's spine. The chiropractor may dispense the spinal support and bill Wisconsin Medicaid.

Wisconsin Medicaid covers spinal supports, which include, but are not limited to:

- ♦ cervical collars;
- ♦ thoracic supports;
- ♦ lumbo-sacral supports;
- ♦ sacral supports; and
- ♦ spinal braces.

Wisconsin Medicaid requires prior authorization for spinal supports that cost more than \$75.00 for purchase or for monthly rental. (HSS 107.15(3a)2, Wis. Admin. Code.)

Refer to Section III of this handbook for prior authorization information.

**B. Noncovered Services**

Wisconsin Medicaid does not cover:

- ♦ consultations between providers on diagnosis or treatment;
- ♦ any service submitted with a diagnosis code not included in Appendix 3 of this handbook.